

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	109400001		CITY OR TO	WN SEEKONE	K
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 532 ARCA	<u>.</u>	MBUS CORP.			
			ZID CODI	00771	
CITY/TOWN: SEEK		STATE: MA	ZIP CODE		
MANAGER: REPO	SA, MANUELTYP	PE OF LICENSE: Club	0	CATEGORY:	All Alcohol
EMAIL ADDRESS:		_			
PI	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS		<u> </u>
DESCRIPTION OF L					
THREE ROOMS, FIR LARGE ROOM. SEC					NE
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	d license will be of t	the same type for the s	same premises	now licensed;	
2. the licenses	e has complied with	all laws of the Comm	onwealth relati	ing to taxes; and	
3. the premise	es are now open for	business (If not explain	in below)		
SIGNED BY:	Individual Partner	or Authorized Corpor	rate Officer		
	marriada, ramer	or ramorized corpor	aute Officer		
DATE:	TELEDIJONI	E NIUMDED.	EMPL	OYER IDENTIFICA	TION NUMBER:
	TELEPHON	E NUMBER:		$\underline{\mathbf{T}}$ Individual Social S	
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building ins	pector and the head	of the fire dep	partment for the	e above named
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)		-		
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY LI	CENSEES DURING THE MC	ONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 109400004		CITY OF	R TOWN	SEEKONK	_
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS ma		COUNTRY CLUB, INC NATHAN				
CITY/TOWN: SEI	EKONK	STATE: MA	ZIP (CODE:	02771	
MANAGER: JEM	ERY, GYDA T	YPE OF LICENSE:Club)	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRES	S		
DESCRIPTION OF	LICENSED PREM	MISES:				
ROOM, 150 SEATS	WITH SERVICE	DE; LADIES LOCKER BAR, 2 ENTRANCE/E ROOM, 1 ENTRANCE/E	XITS. M	EN'S LO	CKER ROOM	
I hereby certify and	swear under penalt	ies of perjury that:				
1. the renev	ved license will be	of the same type for the	same prer	nises nov	v licensed;	
2. the licens	see has complied w	rith all laws of the Comm	onwealth	relating	to taxes; and	
3. the prem	ises are now open f	for business (If not expla	in below))		
SIGNED BY:	Individual, Partı	ner or Authorized Corpor	ate Offic	er		
DATE:	TELEPHO	ONE NUMBER:]	EMPLOYE	R IDENTIFICAT	TON NUMBER:
			(Not	ie: <u>NOT</u> In	dividual Social S	ecurity Number)
Acts of 2004, signe	d by the building	nre in possession (1) the inspector and the head or liability insurance re	of the fi	re depart	tment for the	above named
Please Check Below:			LOCAI	L LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	ain)					
(11 disapproved expr	······)					
DATE						
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED B	Y LICENSEES DURING THE MC	NTH OF NO	OVEMBER (N	M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 109400006		CITY OR TOWN SI	EEKONK
APPLICATION	FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: 555 CORP.			
DOING BUSIN	ESS A WEST WI	ND RESTAURANT		
ADDRESS 555	CENTRAL AVE.			
CITY/TOWN:	SEEKONK	STATE: MA	ZIP CODE: 0	2771
	MASSIWER, MITCHELL	TYPE OF LICENSE:R	estaurant CATE	EGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
AND BAR, LOU		LCONY DINING ROOM	ENT. 1ST FLR. MAIN DI 1. BASEMENT PARTY I	
I hereby certify a	and swear under pe	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	ne same premises now lice	ensed;
2. the li	censee has complie	ed with all laws of the Cor	nmonwealth relating to tax	xes; and
3. the pr	remises are now op	en for business (If not ex	plain below)	
SIGNED BY:	T 1' ' 1 1 T	A 4 1 1 1 G	. 055	
	Individual, I	Partner or Authorized Cor	porate Officer	
DATE:			EN IDI ONED IDI	
DATE.	TELE	PHONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
			(Cross) <u>Free T</u> marva	uai Boeiai Becarity Tumber)
Acts of 2004, si	gned by the build	ing inspector and the he	he certificate required bad of the fire department required by Chapter 11	it for the above named
Please Check Below	<u>/:</u>		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved of	explain)		-	
DATE:				
ייייי.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400008	C	ITY OR TOWN	SEEKONK	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: THE AMERICA	N LEGION OF SEEKON	K, INC. POST 31	11	
DOING BUSINESS A				
ADDRESS 351 FALL RIVER AVE.				
CITY/TOWN: SEEKONK	STATE: MA	ZIP CODE:	02771	
MANAGER: BAIRD, JOSEPH TY	YPE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM MAIN FLOOR, AUDITORIUM, BAR KITCHEN AND BAR. THREE ENTRA	AND COATROOM. BAS		NG ROOM,	
I hereby certify and swear under penalti-	es of perjury that:			
1. the renewed license will be o	of the same type for the sa	me premises now	licensed;	
2. the licensee has complied wi	th all laws of the Common	nwealth relating to	taxes; and	
3. the premises are now open for	or business (If not explain	below)		
SIGNED BY: Individual, Partn	er or Authorized Corpora	te Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo	nspector and the head o	f the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 109400011		CITY OR TOWN	SEEKONK
APPLICATION I	FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: THOMLINE	LLC		
DOING BUSINE	SS A OLD GRIS	T MILL TAVERN		
ADDRESS 390 F	ALL RIVER AVE	Ε.		
CITY/TOWN: S	EEKONK	STATE: MA	ZIP CODE:	02771
	SMAY, REGORY T.	TYPE OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION (OF LICENSED PR	REMISES:		
EXITS: MAIN FI	LOOR, LOUNGE	, LIQUOR STORAGE, I WITH BAR, RESTAUR DING AREA AND TWO	ANT, MAIN AND UP	
I hereby certify ar	nd swear under per	nalties of perjury that:		
1. the ren	newed license will	be of the same type for the	ne same premises now	licensed;
2. the lice	ensee has complied	d with all laws of the Cor	nmonwealth relating to	taxes; and
3. the pre	emises are now ope	en for business (If not exp	plain below)	
SIGNED BY:	In dinide at D	antono an Anthonina I Com	or water Office and	
	individual, P	artner or Authorized Cor	porate Officer	
DATE:		NAME AND OPEN	EMDI OVED	IDENTIFICATION NUMBER:
DITTE.	TELEI	PHONE NUMBER:		vidual Social Security Number)
Acts of 2004, sig	ned by the buildi	ng inspector and the he	ad of the fire departn	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	cpiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 109400014		CITY OR TOV	VN SEEKONN	L
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: 99 WEST INC.				
DOING BUSINESS	S A 99 RESTAURAN	NTS			
ADDRESS 821 FAI	LL RIVER AVE.				
CITY/TOWN: SEE	EKONK	STATE: MA	ZIP CODE	: 02771	
	REIRA, TY TOR	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
	LICENSED PREMI				
BOOTH'S IN BAR	AREA SEAT 50, BA	AR SEATS 21,BAR R.	AIL 6, DINING	ROOMS SEAT	S 118.
•	swear under penaltie				
		the same type for the			
2. the licens	see has complied with	n all laws of the Comn	nonwealth relatii	ng to taxes; and	
3. the prem	ises are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corpo	rate Officer		
				_	
DATE:	TELEPHON	NE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	☐ Individual Social S	Security Number)
We the undersione	ad attact that we are	e in possession (1) the	a antificata mag	uined by Chant	on 201 of the
		spector and the head			
license and (2) the	certificate of liquor	liability insurance re	equired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
D 4 000					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	.: 109400015		CITY OR TOW	N SEEKONI	Λ
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SEEKONK HOSI	PITALITY GROUP I	NC.		
DOING BUSINESS	A DI PARMA ITA	LIAN TABLES			
ADDRESS 940 FAL	L RIVER AVE.				
CITY/TOWN: SEE	KONK	STATE: MA	ZIP CODE:	02771	
MANAGER: SNO	W, NADINE TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	ISES:			
COCKTAIL LOUNG	E, CONFERENCE	E ROOM, DINING R	OOM, ALL ON O	NE FLOOR.	
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renewe	ed license will be or	f the same type for the	e same premises no	ow licensed;	
2. the license	e has complied wit	th all laws of the Com	monwealth relatin	g to taxes; and	
3. the premis	ses are now open fo	or business (If not expl	lain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO!	NE NUMBER:	EMPLOY	YER IDENTIFICA	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned	1 attact that we ar	re in possession (1) th	na cartificata ragi	iirad by Chant	tor 301 of the
		nspector and the hea			
license and (2) the o	ertificate of liquo	r liability insurance	required by Chap	oter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 109400016	(CITY OR TOWN SEERO	NK.
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	E: T.G.I. FRIDAY'S, IN	IC.		
DOING BUSINES	S A T.G.I. FRIDAY'S			
ADDRESS 1105 F	ALL RIVER AVE.			
CITY/TOWN: SE	EEKONK	STATE: MA	ZIP CODE: 02771	
MANAGER: Mc	Cann, Richard A. TYPE	OF LICENSE: Resta	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	AIL ADDRESS	
	F LICENSED PREMISE			
FREE STANDING AREA.	G, 1 FLOOR, MULTI- LI	EVEL RESTAURAN	NT WITH ACOMPANYING	BAR
I hereby certify and	d swear under penalties o	f perjury that:		
1. the rene	ewed license will be of th	e same type for the sa	ame premises now licensed;	
2. the licer	nsee has complied with a	ll laws of the Commo	onwealth relating to taxes; an	nd
3. the pren	nises are now open for bu	isiness (If not explain	n below)	
SIGNED BY:				
	Individual, Partner o	r Authorized Corpora	ate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	al Security Number)
We the undersign	ned, attest that we are in	n possession (1) the	certificate required by Cha	pter 304 of the
			of the fire department for t	
ncense and (2) the	e certificate of fiquor fia	ibility insurance rec	quired by Chapter 116 of the	ne Acts of 2010.
Please Check Below:			LOCAL LICENSING AUT	THORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved exp	lain)			
(ii disappioved exp	, init			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	09400017		CITY OR TOWN	SEEKUNK	
APPLICATION FOR R	ENEWAL:	Annual	LICENS	ED FOR 2013	
		CLASS		YEA	.R
LICENSEE NAME: N	OT YOUR	AVERAGE JOE'S, INC.			
DOING BUSINESS A	NOT YOUR	R AVERAGE JOE'S			
ADDRESS 1125 FALL	RIVER AV	E.			
CITY/TOWN: SEEKO	ONK	STATE: MA	ZIP CODE:	02771	
MANAGER: CAPLA	N, SETH	TYPE OF LICENSE: R	estaurant CA'	TEGORY: All	Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PR	EMISES:			
		DINING ROOM AND ST R AND HAT CHECK RO			ITS.
I hereby certify and swe	ar under pen	alties of perjury that:			
1. the renewed	license will b	be of the same type for th	e same premises now li	censed;	
2. the licensee l	has complied	with all laws of the Com	monwealth relating to	taxes; and	
3. the premises	are now ope	n for business (If not exp	lain below)		
SIGNED BY:					
I	ndividual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER I	DENTIFICATION N	NUMBER:
			(Note: NOT Indiv	ridual Social Security	y Number)
We the undersigned s	attact that w	e are in possession (1) t	ho cortificato roquiros	l by Chantar 30	A of the
		ng inspector and the hea			
license and (2) the cer	tificate of lic	quor liability insurance	required by Chapter	116 of the Acts	of 2010.
Please Check Below:			LOCAL LICENSII	NG AUTHORIT	Ϋ́
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	1				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400019		CITY OR TOWN SEEKON	TK .
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BAY STATE	RACQUET CLUB, INC	2.	
DOING BUSINESS A			
ADDRESS 1314 FALL RIVER AV	E.		
CITY/TOWN: SEEKONK	STATE: MA	ZIP CODE: 02771	
MANAGER: OLIVEIRA, ANTONE T.	TYPE OF LICENSE:R	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PR	REMISES:		
TWO FLOORS, TENNIS CLUB OF LOUNGE, MEN AND LADIES RE		JRANT ON SECOND. FOUR R	OOMS,
3. the premises are now open SIGNED BY:			1
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
T EBEI	TIONE I VENIBER	(Note: NOT Individual Social	Security Number)
We the undersigned, attest that w Acts of 2004, signed by the buildi license and (2) the certificate of li	ng inspector and the he	ad of the fire department for th	e above named
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 109400021		CITY OR TOWN	SEEKONK
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	BUCA RESTAURA			
	A BUCA DI BEPPO			
ADDRESS 353 HIG	HLAND AVENUE			
CITY/TOWN: SEE	EKONK	STATE: MA	ZIP CODE:	02771
	CASON, TYPI HUA	E OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
	LICENSED PREMISI			
	ITCHEN, SERVICE A REE ENTRANCES/EX		OOM, STORAGE R	OOM, TWO
I hereby certify and	swear under penalties o	of perjury that:		
1. the renew	ved license will be of the	he same type for the	same premises now	licensed;
	see has complied with a		•	taxes; and
3. the premi	ises are now open for b	ousiness (If not expla	ain below)	
SIGNED BY:				
	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	DENTIFICATION NUMBER:
	1222110112	31,01,1221.	(Note: NOT Ind	ividual Social Security Number)
9		•	-	ed by Chapter 304 of the ment for the above named
			_	r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				
DINIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400023	CIT	Y OR TOWN SEEKON	K
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: APPLE NEW ENGLAN	ND LLC		
DOING BUSINESS A APPLEBEE'S NEIGH	BORHOOD GRILL	& BAR	
ADDRESS 105 HIGHLAND AVE			
CITY/TOWN: SEEKONK	STATE: MA	ZIP CODE: 02771	
MANAGER: MACDONALD, TYPE O MICHAEL G.	F LICENSE: Restaura	ant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAIL A	DDRESS	
DESCRIPTION OF LICENSED PREMISES:			
CONTAINS APPROX 5000 SQ FT OF FLOO DINING ROOM WITH BAR. SEATS 198 PL		FULL SERVICE KITCHEN	N AND
I hereby certify and swear under penalties of p	erjury that:		
1. the renewed license will be of the s	ame type for the same	e premises now licensed;	
2. the licensee has complied with all l	aws of the Commonw	ealth relating to taxes; and	
3. the premises are now open for busing	ness (If not explain be	elow)	
SIGNED BY: Individual, Partner or A	uthorized Corporate	Officer	
DATE: TELEPHONE N	UMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect license and (2) the certificate of liquor liabi	or and the head of t	he fire department for th	e above named
Please Check Below:	Lo	OCAL LICENSING AUTH	HORITY
APPROVED:	В	y:	
DISAPPROVED:			
(If disapproved explain)			
	_		
DATE:	_		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400024		CITY OR TOWN	SEEKONK	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: OUTBACK ST	EAKHOUSE OF FLOR	IDA LLC		
DOING BUSINESS A OUTBACK S	TEAKHOUSE			
ADDRESS 1301 FALL RIVER AVE				
CITY/TOWN: SEEKONK	STATE: MA	ZIP CODE:	02771	
MANAGER: MORENO, JOEL M.	ГҮРЕ OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRE SINGLE STORY STRUCTURE CON FULL SERVICE RESTAURANT WI I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open SIGNED BY:	NSISTING OF APPROX TH BAR/LOUNGE WITH Ities of perjury that: So of the same type for the with all laws of the Comm	6400 SQ FT TO BITH ONE ENTRANCE same premises now nonwealth relating to ain below)	CE AND EXI	
DATE: TELEPH	IONE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	g inspector and the head	l of the fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 109400027		CITY OR 7	TOWN SEEKONI	K
APPLICATION FO	OR RENEWAL:	Annual		LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME	E: MI-KAM INC	C.			
DOING BUSINES	S A BAKER'S C	CORNER PIZZA RESTA	URANT		
ADDRESS 1511 N	EWMAN AVE.				
CITY/TOWN: SE	EKONK	STATE: MA	ZIP CO	DDE: 02771	
	ODROMIDIS, TROS	TYPE OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PR	EMISES:			
ENTRANCE/EXIT	S. THE PUBLIC	VISHING WELL SHOP CUSES 2. ONE AT THE REAR OF KITCHEN.			
I hereby certify and	l swear under per	nalties of perjury that:			
1. the rene	wed license will	be of the same type for th	ne same premi	ses now licensed;	
2. the licer	nsee has complied	d with all laws of the Con	nmonwealth re	elating to taxes; and	
3. the pren	nises are now ope	en for business (If not exp	olain below)		
SIGNED BY:	Ladiaidaal D	antonana an Austhania d Cam	t- Office		
	individual, Pa	artner or Authorized Corp	porate Officer		
DATE:				MDI OVED IDENTIFICA	TION NUMBER
DATE.	TELEP	PHONE NUMBER:		IPLOYER IDENTIFICA NOT Individual Social (
			(murraum soum.	Decurry Transcer,
Acts of 2004, sign	ed by the buildi	re are in possession (1) t ng inspector and the he quor liability insurance	ad of the fire	department for the	e above named
Please Check Below:			LOCALI	LICENSING AUTH	IORITY
APPROVED:			By:	ACLIVING ACTI	IORITI
DISAPPROVED:			J		
(If disapproved exp	olain)				
				_	
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 109400028		CITY OR TOWN	1 SEEKUNN	\
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: POPULAR PIZZA	A, LLC			
DOING BUSINESS	S A POPULAR PIZZ	ZA			
ADDRESS 24 OLN	TEY ST.				
CITY/TOWN: SEI	EKONK	STATE: MA	ZIP CODE:	02771	
MANAGER: ARI	RUDA, STEVEN TY	PE OF LICENSE:Re	staurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
ONE FLOOR, FRO	NT AND REAR EN	TRANCES, SEATIN	G FOR 45 PEOPL	E, BATHROO	OMS.
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	wed license will be of	the same type for the	same premises no	w licensed;	
2. the licens	see has complied with	h all laws of the Com	monwealth relating	to taxes; and	
3. the prem	ises are now open for	r business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYI	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
***	1 44 441 4			11 61 4	204 64
		e in possession (1) th spector and the hea			
, 0	· ·	liability insurance	_		
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			3 ·		
(If disapproved expl	lain)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 109400029		CITY OR TOWN	SEEKONK		
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 2013		
		CLASS		YEAR		
LICENSEE NAME	: J. & W. CORP.					
DOING BUSINESS	S A					
ADDRESS 213 TA	UNTON AVE.					
CITY/TOWN: SE	EKONK	STATE: MA	ZIP CODE:	02771		
MANAGER: EST A.	TROMPA,JOSE TY	TPE OF LICENSE: In	nholder CA	TEGORY: All Alcohol		
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR F	MAIL ADDRESS			
	F LICENSED PREM					
LOBBY, OFFICE. ROOMS. 3RD FLC	17 GUEST ROOMS OOR: 23 GUEST RO	. 2ND FLOOR: 5 CO	OR: 7 ASSEMBLY R NFER ENCE ROOM 11 GUEST ROOMS. BLY ROOMS.	S. 49 GUEST		
I hereby certify and	swear under penaltie	es of perjury that:				
1. the renev	wed license will be o	f the same type for the	e same premises now l	icensed;		
	•		monwealth relating to	taxes; and		
3. the prem	nises are now open fo	r business (If not exp	lain below)			
SIGNED BY:	Individual, Partne	er or Authorized Corp	orate Officer			
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:		
			(Note: NOT Indi	(Note: NOT Individual Social Security Number)		
Acts of 2004, signe	ed by the building in	nspector and the hea	d of the fire departm	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.		
Please Check Below:			LOCAL LICENSI	NG AUTHORITY		
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	Llain)					
(II disapproved exp	 /					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 109400030		CITY OR TO	JWN SEEKONN	L
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: The Luxury Box,	Inc			
DOING BUSINESS	S A The Luxury Box				
ADDRESS 350 FA	LL RIVER AVE				
CITY/TOWN: SE	EKONK	STATE: MA	ZIP COI	DE: 02771	
MANAGER: SOU	JZA,JACINTA TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMI				
GYM/RESTAURA	NT BUILDING AT I ΓΙΟΝ AREA, DANC	ING APPROX 5000 S FIREFLY GOLF COU ING AREA AND OU	JRSE, INCLU	DING DINING A	
I hereby certify and	swear under penaltie	s of perjury that:			
		f the same type for the	-		
	1	h all laws of the Com		ating to taxes; and	
3. the prem	uses are now open for	r business (If not expl	ain below)		
SIGNED BY:	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		LOYER IDENTIFICAT	
			(Note: <u>N</u>	OT Individual Social S	Security Number)
Acts of 2004, signe	ed by the building in	e in possession (1) th aspector and the head cliability insurance r	d of the fire d	epartment for the	above named
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
(11 disappioved exp.	iaiii <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	SER: 109400031		CITY	OR TOWN	SEEKONK	
APPLICATION F	OR RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAM	E: JT DEVELOPMENT	PARTNERS LLO	C			
DOING BUSINES	SS A ELEVEN FORTY	NINE				
ADDRESS 965 F.	ALL RIVER AVENUE					
CITY/TOWN: S	EEKONK	STATE: MA	ZI	P CODE:	02771	
	TRIGHT, TYPE HOMAS L.	OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDI	RESS		-
DESCRIPTION C	OF LICENSED PREMISE	S:				
AVENUE, SEEK	NCRETE BLOCK AND YONK, MA. CONSISTING YNE MAIN DOOR, FOUR	G OF THREE/FOU	J <mark>R DINI</mark>	NG ROOMS	S WITH FOU	
I hereby certify an	nd swear under penalties o	f perjury that:				
1. the ren	newed license will be of the	e same type for the	e same p	remises now	licensed;	
	ensee has complied with a			_	o taxes; and	
3. the pre	emises are now open for bu	usiness (If not expl	lain belo	w)		
SIGNED BY:	Individual, Partner of	r Authorized Corp	orate Of	ficer		
DATE:	TELEPHONE	NUMBER:	1)			TON NUMBER: ecurity Number)
Acts of 2004, sign	ned, attest that we are in ned by the building insp he certificate of liquor lia	ector and the hea	d of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved ex						
(II disappioved ex	piuii)					_
						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 109400032		CITY OR TOWN SEEKC	DNK
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOI	R 2013
		CLASS		YEAR
DOING BUSI		RIVER AVENUE ASSO	CIATES, INC.	
			7ID CODE: 00771	
CITY/TOWN:		STATE: MA		
MANAGER:	PICCERELLI, WILLIAM	TYPE OF LICENSE:P	ackage Store CATEGOR	XY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
FIRST FLOOI ENTRANCES		ND STOCK ROOM. BAS	SEMENT FOR STORAGE. TH	IREE
	premises are now op	pen for business (If not expense) Partner or Authorized Corp		ш
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED: DISAPPROVI			By:	
(If disapproved	1			
. 11	1 /		-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	109400033		CITY OR TOWN	SEEKONK	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	_				
ADDRESS 1205 FAL	L RIVER AVENU	JE			
CITY/TOWN: SEEF	KONK	STATE: MA	ZIP CODE:	02771	
MANAGER: COLL GEOF	IAS, TY RGE A.	PE OF LICENSE: Pa	ackage Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	ISES:			
ONE FLOOR, THRE	E ROOMS AND C	GARAGE, CELLAR	FOR STORAGE USI	E ONLY.	
I hereby certify and sv	vear under penaltie	s of perjury that:			
1. the renewe	d license will be of	f the same type for the	e same premises now	licensed;	
2. the license	e has complied with	h all laws of the Com	monwealth relating to	taxes; and	
3. the premise	es are now open for	r business (If not exp	lain below)		
SIGNED BY:	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:			ΠΟΝ NUMBER:
			(Note: NOT Inc	lividual Social S	security Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved explai	11)		-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	109400034		CITY OR TOWN	SEEKONK	
APPLICATION FOR RENEWAL: Annu		Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: N	MOHLER-NADEAU I	NC			
DOING BUSINESS A	LANDRY LIQUORS				
ADDRESS 134 CENT	RAL STREET				
CITY/TOWN: SEEKO	ONK	STATE: MA	ZIP CODE:	02771	
MANAGER: MOHL	ER, JAMES ATYPE C	F LICENSE: Pack	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM.	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES:				
APPROX. 2600 SQ. FT ATTACHED GARAGI					
I hereby certify and swe	ear under penalties of p	perjury that:			
1. the renewed	license will be of the s	same type for the s	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Comm	onwealth relating to	taxes; and	
3. the premises	s are now open for busi	ness (If not explain	in below)		
SIGNED BY:					
]	Individual, Partner or A	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER	IDENTIFICAT	TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 109400035		CITY OR TOWN SEEK	ONK
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A DB MART # 13	ORES, INC.		
ADDRESS 1035 NE				
CITY/TOWN: SEE	KONK	STATE: MA	ZIP CODE: 02771	
	HAR, TY	PE OF LICENSE: Pac	ckage Store CATEGO	RY: Wine and Malt Regular
EMAIL ADDRESS:				
		VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF			EOOD MADVET WITH O	NT.
ENTRANCE AND T		ES IS PRIMARILY A	FOOD MARKET WITH O	N
2. the license	ee has complied with ses are now open for	all laws of the Comr business (If not expla		
	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENSING AU By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400037		CITY OR TOWN SEEKONK	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 201	13
	CLASS	Ŋ	YEAR
LICENSEE NAME: SEEKONK LI	IQUORS, INC.		
DOING BUSINESS A CHRIS GAS	BARRO'S FINE WINE &	SPIRITS	
ADDRESS 98 HIGHLAND AVE.			
CITY/TOWN: SEEKONK	STATE: MA	ZIP CODE: 02771	
MANAGER: GASBARRO, CHRISTOPHER P.	TYPE OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
GROUND FLOOR-RETAIL, STOR ENTRANCES AND EXITS.	AGE, OFFICES, SECONI) FLOOR- STORAGE, OFFOCE	S, 6
2. the licensee has complied3. the premises are now open		nonwealth relating to taxes; and in below)	
SIGNED BY: Individual, Pa	urtner or Authorized Corpor	rate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Sec	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHO By:	RITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10940003	38	CITY OR TOWN SEEKON	\
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
EMAIL ADDRESS: PLEASE ALSO DESCRIPTION OF LICENSEE ONE FLOOR, 4 ROOMS, 2 FR	STATE: MA EN. TYPE OF LICENSE:Pa VISIT OUR WEBSITE AND ENTER YOUR D PREMISES: ONT DOORS AND 2 REAR	ackage Store CATEGORY: EMAIL ADDRESS	All Alcohol
I hereby certify and swear under	=	. 1. 1	
		e same premises now licensed; monwealth relating to taxes; and	
•	open for business (If not exp	· ·	
SIGNED BY: Individua	al, Partner or Authorized Corp	porate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 109400043		CITY OR TOW	N SEEKONN	L
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: DA TONG, INC				
DOING BUSINESS	S A TAI-PAN RES	TAURANT			
ADDRESS 1641 FA	ALL RIVER AVEN	UE			
CITY/TOWN: SEI	EKONK	STATE: MA	ZIP CODE:	02771	
MANAGER: LEI,	, FELIX T	YPE OF LICENSE: Resi	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
DINING ROOM, K ENTRANCES/EXI		ES (UPSTAIRS) STOF R 80	RAGE (CELLAF	R) 3 RESTROO	OMS, 4
I hereby certify and	swear under penalti	es of perjury that:			
1. the renev	wed license will be	of the same type for the	same premises no	ow licensed;	
2. the licens	see has complied w	ith all laws of the Comm	nonwealth relating	g to taxes; and	
3. the prem	ises are now open f	or business (If not expla	in below)		
SIGNED BY:					
	Individual, Partn	ner or Authorized Corpor	rate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
			(Note: NOT	Individual Social S	ecurity Number)
We the undersigned	ed, attest that we a	re in possession (1) the	certificate requ	ired by Chapt	er 304 of the
		inspector and the head			
ncense and (2) the	certificate of fiquo	or liability insurance re	equired by Chap	oter 116 of the	Acts of 2010.
Please Check Below:	1		LOCAL LICE	NSING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	L lain)				
(II disuppio ved expi	········/				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 109400050		CITY OR TOWN	SEEKONK	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	REEMA CORPOR	ATION			
DOING BUSINESS	A OAKHILL PACK	AGE GOODS STO	RE		
ADDRESS 545 CEN	TRAL AVE				
CITY/TOWN: SEE	KONK	STATE: MA	ZIP CODE:	02771	
MANAGER: PATI	EL, JYOTSNA TYF	PE OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF 1	LICENSED PREMIS	SES:			
3200 SQ FT PREMISENTRANCES AND				VITH TWO	FRONT
2. the license	ed license will be of the has complied with sees are now open for	all laws of the Com	nonwealth relating to		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTH	ORITY
DISAPPROVED:			<i>D</i> y.		
(If disapproved expla	in)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 109400052		CITY OR TOWN	SEEKONK	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: CHARDON	NAY'S. INC.			
DOING BUSI	NESS A				
ADDRESS 39	3 TAUNTON AVEN	IUE			
CITY/TOWN:	SEEKONK	STATE: MA	ZIP CODE:	02771	
MANAGER:	CASTIGLIONI, ALFRED	TYPE OF LICENSE:Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	N OF LICENSED PI				
ONE-STORY	BLDG. WOOD FRA	ME WITH FRONT ENTE	RANCE/EXIT		
I hereby certify	y and swear under pe	nalties of perjury that:			
		be of the same type for the	=		
	•	d with all laws of the Com	ĕ	o taxes; and	
3. the	premises are now op	en for business (If not expl	ain below)		
SIGNED BY:					
	Individual, F	artner or Authorized Corpo	orate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Ind	lividual Social S	ecurity Number)
We the under	reigned attact that s	ve are in possession (1) th	a cartificata raquir	ad by Chant	or 3M of the
		ing inspector and the head			
license and (2	2) the certificate of l	iquor liability insurance r	equired by Chapte	r 116 of the	Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 109400054		CITY OR TOWN	SEEKONK	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: CABB. LLC				
DOING BUSIN	NESS A BONE YAR	D SALOON			
ADDRESS 540	CENTRAL AVE				
CITY/TOWN:	SEEKONK	STATE: MA	ZIP CODE:	02771	
	ASHCHIAN, CARNIG	TYPE OF LICENSE:R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	OF LICENSED PR				
ONE FLOOR, I	MAIN DINING ROC	OM, KITCHEN AND RE	ESTROOMS TWO EX	XITS	
I hereby certify	and swear under pen	alties of perjury that:			
		be of the same type for the	•		
	-	with all laws of the Con	_	o taxes; and	
3. the p	premises are now ope	n for business (If not exp	olain below)		
SIGNED BY:	Individual Pa	artner or Authorized Cor	porate Officer		
	marviduai, i a	ittler of Authorized Corp	porate Officer		
DATE:	TEI ED	HONE NUMBER:	EMPLOYEI	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	1 ELEF.	HONE NUMBER.			Security Number)
***		• (4)	1	11 61 4	204 64
		e are in possession (1) t ng inspector and the he			
		quor liability insurance			
Please Check Belo	w <u>:</u>		LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:			·		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 109400055		CITY OR TOWN	SEEKONK	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 393 TAU	A CHARDONNAY				
CITY/TOWN: SEE	KONK	STATE: MA	ZIP CODE:	02771	
MANAGER: CAS'		PE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		L
DESCRIPTION OF	LICENSED PREMI	SES:			
SEVEN ROOMS ON	N FIRST FLOOR A	ND CELLAR FOR ST	TORAGE		
2. the license	ee has complied with	the same type for the hall laws of the Comir business (If not expl	nonwealth relating t		
SIGNED BY:	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004, signed	d by the building in	e in possession (1) th aspector and the head liability insurance r	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [oin)				
(ii disappioved expla	<i>,</i>				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY 1	LICENSEES DURING THE M	ONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	109400057		CITY OR TOWN SEEKON	NK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	BBSMS, INC.			
DOING BUSINESS A	A PARKER'S MEAT	& DELI, INC.		
ADDRESS 22 OLNE	Y ST			
CITY/TOWN: SEEF	KONK	STATE: MA	ZIP CODE: 02771	
MANAGER: SCHU	PP, SARAH L.TYPE	OF LICENSE: Pac	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISE	SS:		
MEAT CASE. CENT	ER ISLAND OF GRO R, 4 FT PRODUCE C	OCERIES. LEFT S ASE. SELF SERV	OLTED BACK, EXIT. RIGH IDE 2 EIGHT FOOT CASES, ICE DELI CASE. BACK ROC AR	.1
2. the license	d license will be of the	e same type for the	same premises now licensed; nonwealth relating to taxes; and ain below)	d
SIGNED BY:	Individual, Partner o	r Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENSING AUT By:	HORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	109400059		CITY OR	TOWN	SEEKONK	_	
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013	
		CLASS				YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 373 TAU	Λ	ALACE, INC					
CITY/TOWN: SEEK	KONK	STATE: MA	ZIP C	ODE:	02771		
MANAGER: MARI	KETOS, LENATY	PE OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
DESCRIPTION OF L	ICENSED PREMI						
2. the licensee	d license will be of e has complied with es are now open for	the same type for the all laws of the Control business (If not expert) or Authorized Control business (If not expert)	mmonwealth i	relating to			
DATE:	TELEPHON	NE NUMBER:				TON NUMBER: ecurity Number)	
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the he	ead of the fire	e departr	nent for the	above named	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL By:	LICENS	ING AUTHO	ORITY	
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1094000	060	CITY OR TOWN SEEKONE	ζ
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: TONY'S DOING BUSINESS A ADDRESS 1365 FALL RIVER			
CITY/TOWN: SEEKONK	STATE: MA	ZIP CODE: 02771	
MANAGER: PIRRI, ANTHO	ONY TYPE OF LICENSE:P	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
STORE FOR RETAIL SALES			
2. the licensee has con	· -	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	
	al, Partner or Authorized Corp	oorate Officer	
DATE: TI	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 109400061		CITY OR TOWN	SEEKONK	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 201	13
		CLASS		Y	/EAR
LICENSEE NAME:	TITO'S CANTINA, I	NC.			
DOING BUSINESS A	A				
ADDRESS 1379 FAI	L RIVER AVENUE				
CITY/TOWN: SEEI	KONK	STATE: MA	ZIP CODE:	02771	
MANAGER: HINK	EN, MARK C. TYPE	OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISES	S:			
2. the license 3. the premis	ed license will be of the e has complied with all es are now open for bus	laws of the Com	monwealth relating to		
SIGNED BY:	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:		R IDENTIFICATIO	
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lial	ctor and the hea	d of the fire departr	nent for the a	bove named
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	in)				
(11 disappioved explai	<i>)</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1094000	69	CITY OR TOWN	SEEKONK	
APPLICATION FOR RENEW.	AL: Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: SEEKON DOING BUSINESS A ADDRESS 960 FALL RIVER	,			
CITY/TOWN: SEEKONK	STATE: MA	ZIP CODE:	02771	
MANAGER: MASSAD, JEAN CLAUDE	N- TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	VISIT OUR WEBSITE AND ENTER YOUR I	MAII, ADDRESS		
DESCRIPTION OF LICENSEI ONE FLOOR WOOD AND BL	D PREMISES:		ENTRANCE	3.
2. the licensee has com3. the premises are nov	will be of the same type for the aplied with all laws of the Com wopen for business (If not exp	monwealth relating to		
SIGNED BY: Individua	al, Partner or Authorized Corp	orate Officer		
DATE: TE	ELEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				